### Candidate

#### REPORT OF RECEIPTS AND DISBURSEMENTS 2016 Annual Report



Delbert Hosemann

Name of Candidate Jason M. White	L Mes
Address 19/ GREEN St., P.O. Box 246, h	Vest, MS County Holmes
Telephone 662-967-2015	Fax 662-289-8889

Office Sought Miss. House of Rop., Dist. 48 Email Address jasonpw/awpbellsouth. net

Check here if above is different from previous report

\_ Termination Report (Candidate will no longer accept contributions, make Expenditures, has no outstanding debt obligation and zero cash on hand balance.)

Required to terminate reporting obligations

#### IMPORTANT

- (1) Annual Reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (zero) for total amount of reported contributions and expenditures during the reporting period.
- (2) Until a Candidate files a Termination Report, all campaign finance disclosure reports must be filed in accordance with the applicable schedule set forth by Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving office must be in actual receipt of the required report by 5:00 p.m. on the deadline. If the deadline falls on a weekend or legal holiday, the office must be in actual receipt of the required report by 5:00 p.m. on the first working day before the deadline. Reports may be faxed or emailed.

#### REPORTED CONTRIBUTIONS AND DISBURSEMENTS

Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions \$_18,800,00 +\$ 2,000.00	\$ 20,800.00	\$ 20,800.00
Total amount of disbursements \$ 6,752.59+\$ 375.61	\$ 7,128.20	\$ 7,128.20
Total amount of cash on hand	\$ 86,665.78	
I certify that I have examined this report and to the best of my	y knowledge and belief it is t	rue, accurate, and complete.

Signature of Candidate

1-31-17 Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to timely submit required reports in accordance with the applicable statutes may result in the imposition of a civil penalty in the amount of \$50 per day for ten (10) days and/or prosecution pursuant to Miss. Code Ann. §§ 23-15-811 and 813 (1972).

#### SEND TO:

- 1. Candidates for statewide, state-district, or legislative office file all required reports with the Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to (601) 576-2545.
- 2. Candidates for county or county-district office file all required reports with the County Circuit Clerk's Office.
- 3. Candidates for municipal office file all required report with the Municipal Clerk's Office.

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Page	4	-4	5
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Name of Candidat	e or Commi	ttee	Jas	on Whi	te	
Reporting period	January	1	,2016	through	Dec.	31,2016

## TITEMIZED RECEIPTS

A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name MS. Assoc. of Realtors P.A.C.	11/5/1/6	\$ 1,000.00
Mailing Address  P.O. Box 32/000	$\Box_I \Box_I \Box$	\$
City, State, Zip Code  Jackson, MS 39232		\$
Name of Employer (Required)	$\square_I \square_I \square$	\$
Occupation (Required)	Aggregate year–to-date	\$ 4,000,00
B. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name  MS · BANK PAC	12 1 13 1 16	\$ 250,00
Mailing Address  P.O. Box 109/	$\square_I \square_I \square$	\$
City, State, Zip Code  Tackson, MS 392/5	$\Box_I\Box_I\Box$	\$
Name of Employer (Required)	$\Box_I \Box_I \Box$	\$
Occupation (Required)	Aggregate year–to-date	\$ 250,00
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name  CEAFT PAC	12/1/2/1/6	\$ 250,00
Mailing Address 3000-B Nonth State St.	$\square_I \square_I \square$	\$
City, State, Zip Code  Tackson, MS 39216	$\Box_I \Box_I \Box$	\$
Name of Employer (Required)	$\square_I \square_I$	\$
Occupation (Required)	Aggregate year–to-date	\$ 250.00
D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Adams & Reese LLP	1/ 1/20 1/6	\$ 350.00
Mailing Address 1018 Highland Colony Pkwy, Suite 800	$\square_I \square_I \square$	\$
City, State, Zip Code  Ridgeland, MS 39/57		\$ [
Name of Employer (Required)		\$

Page	2	of	8
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Name of Candidate	e or Commi	itte	Jaso	n Whi	te
Reporting period_	January	1	,2016	through	Dec. 31,2016

## TITEMIZED RECEIPTS

A. Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name M.H.A. PAC	12/1/4/1/6	\$ 4,000.00
Mailing Address	$\Box_I \Box_I \Box_I$	\$
City, State, Zip Code		\$
Madison MS 39130 Name of Employer (Required)		\$
Occupation (Required)	Aggregate	\$ 1,000.00
	year-to-date	4 4000.
B. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	[ [ ] . [ ] . [ ]	
Express Scripts, Inc.	10 1 13 1 16	\$ 500,00
Mailing Address		\$
One Express Way HQ 2E03 City, State, Zip Code		\$
St. Louis, MO 63/2/ Name of Employer (Required)		,
		\$
Occupation (Reguired)	Aggregate year-to-date	\$ 500,00
C. Source Corporation PAC Individual Loan C	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	121616	\$ 500,00
Mailing Address		
P.O. Bok 24087/ City, State, Zip Code		\$ [
Fackson/MS/39225 \/		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year–to-date	\$ 500.
D. Source: Corporation PAC Individual Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full name  LEN PAC	114116	\$ 500.00
Mailing Address	12 16 116	¢ [
P.O. Box 24087	Va III IVO	\$ 500,00
Oit. Ctata 7in Cada		
Jackson, MS 39225		\$
City, State, Zip Code  Tackson, MS 39225  Name of Employer (Required)		\$

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Page	5	of	8
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Name of Candidate or Committee	Jason Wh	ite
Reporting period January 1, 2	216 through	Dec. 31,2016
/ITE	MIZED	PECEIDT

A. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)		this period
Full name Tower Loan of M5, LLC	121616	\$ 500.00
Mailing Address		\$
PO BOX 32000/		* 1
City, State, Zip Code		\$
Flowood, MS 39232	Land I hand I beared	Ψ
Name of Employer (Required)		\$
		Ψ 1
Occupation (Required)	Aggregate year–to-date	\$ 500,00
B. Source: Corporation PAC Individual Loan		Amount of each
	Date	receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name	77. 5.76	A
MS. Roodbuilders Assoc., Inc.	1/13/16	\$ 500,00
Mailing Address		
		\$
Gity, State, Zip Code		
City, State, Zip Code/		\$
Jackson, MS 39202		Name of the second
Name of Employer (Required)		\$
Occupation (Required)	Aggregate	\$ 500.00
	year-to-date	The second second second second second
C. Source Corporation PAC Individual Loan		Amount of each
	Date	Amount of each receipt
C. Source Corporation PAC Individual Loan Other (please specify)		Amount of each
Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)  Full name  Ms. Denta/ PAC	Date	Amount of each receipt
Other (please specify)  Full name  MS. Denta/ PAC  Mailing Address	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)  Full name  MS. Denta/ PAC  Mailing Address	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)  Full name  Ms. Denta/ PAC	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)  Full name  MS. Denta/ PAC  Mailing Address  439-B Katherine DR.  City, State, Zip Code	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)  Full name  MS. Denta/ PAC  Mailing Address	Date (Mo., Day, Year)	Amount of each receipt this period  \$ \$ 000000000000000000000000000000000
Other (please specify)  Full name  MS. Denta/ PAC  Mailing Address  439-B Katherine DR.  City, State, Zip Code	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)  Full name  MS. Denta/ PAC  Mailing Address  439-B Katherine DR.  City, State, Zip Code	Date (Mo., Day, Year)  12 / 2 / 16  1 / 1 / 1  Aggregate	Amount of each receipt this period  \$ \$ 000 \$ \$ \$ 000 \$ \$ \$ 000 \$ \$ \$ \$ 000 \$ \$ \$ \$ 000 \$
Other (please specify)  Full name  Ms. Denta/ PAC  Mailing Address  439-B Katherine Dk.  City, State, Zip Code  Flowlod, MS 39232  Name of Employer (Required)  Occupation (Required)	Date (Mo., Day, Year)  2   2   16  1   1   1	Amount of each receipt this period  \$ \$ 000000000000000000000000000000000
Other (please specify)  Full name  Ms. Denta/ PAC  Mailing Address  439-B Katherine Dk.  City, State, Zip Code  Flowload, MS 39252  Name of Employer (Required)	Date (Mo., Day, Year)  2 / 2 / 16  1 / 1  Aggregate year-to-date	Amount of each receipt this period  \$ \$ 000 \$ \$ \$ 000 \$ \$ \$ 000 \$ \$ \$ \$ 000 \$ \$ \$ \$ 000 \$
Other (please specify)  Full name  Ms. Denta/ PAC  Mailing Address  439-B Katherine Dk.  City, State, Zip Code  Flowload, MS 39232  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)  2 / 2 / 16  1 / 1  Aggregate year-to-date  Date	Amount of each receipt this period  \$ \$ 000 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Other (please specify)  Full name  MS. Denta/ PAC  Mailing Address  439-B Katherine Dr.  City, State, Zip Code  Flowload, MS 39232  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)  2 / 2 / 16  1 / 1  Aggregate year-to-date	Amount of each receipt this period  \$ \$ 000 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Other (please specify)  Full name  MS. Denta/ PAC  Mailing Address  439-B Katherine Dr.  City, State, Zip Code  Flowood, MS 39232  Name of Employer (Required)  Occupation (Required)  Other (please specify)  Full name	Date (Mo., Day, Year)  2 / 2 / 16  1 / 1  Aggregate year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period  \$ \$ 000 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Other (please specify)  Full name  MS. Denta/ PAC  Mailing Address  439-B Katherine Dr.  City, State, Zip Code  Flowload, MS 39232  Name of Employer (Required)  Occupation (Required)  Other (please specify)  Full name  MS Heatth Care Assa. PAC	Date (Mo., Day, Year)  2 / 2 / 16  1 / 1  Aggregate year-to-date  Date	Amount of each receipt this period  \$ \$ 000 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Other (please specify)  Full name  MS. Denta/ PAC  Mailing Address  439-B Katherine Dr.  City, State, Zip Code  Flowood, MS 39232  Name of Employer (Required)  Occupation (Required)  Other (please specify)  Full name	Date (Mo., Day, Year)  2 / 2 / 16  1 / 1  Aggregate year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period  \$ \$ \infty 00 \\ \$ \$ \infty 00 \\ \$ \$ \infty 00 \\ Amount of each receipt this period  \$ \$ \infty 00 \\ Amount of each receipt this period
Other (please specify)  Full name  MS. Denta/ PAC  Mailing Address  439-B Katherine Dr.  City, State, Zip Code  Flowood, MS 39252  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC Individual Loan  Other (please specify)  Full name  MS Heath Care Assac. PAC  Mailing Address	Date (Mo., Day, Year)  2 / 2 / 16  1 / 1  Aggregate year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period  \$ \$ 000 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Other (please specify)  Full name  MS. Denta/ PAC  Mailing Address  439-B Katherine Dr.  City, State, Zip Code  Flowood, MS 39232  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC Individual Loan  Other (please specify)  Full name  MS Heatth Care Assac. PAC  Mailing Address	Date (Mo., Day, Year)  2 / 2 / 16  1 / 1  Aggregate year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Other (please specify)  Full name  MS. Denta/ PAC  Mailing Address  439-B Katherine Dr.  City, State, Zip Code  Flowood, MS 39252  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC Individual Loan Other (please specify)  Full name  MS Heath Care Assac. PAC  Mailing Address  1076 Highland Colony Physic, Ste. 125	Date (Mo., Day, Year)  2 / 2 / 16  1 / 1  Aggregate year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period  \$ \$ \infty 00 \\ \$ \$ \infty 00 \\ \$ \$ \infty 00 \\ Amount of each receipt this period  \$ \$ \infty 00 \\ Amount of each receipt this period
Other (please specify)  Full name  MS. Denta/ PAC  Mailing Address  439-B Katherine Dr.  City, State, Zip Code  Flowood, MS 39252  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC Individual Loan  Other (please specify)  Full name  MS Heath Care Assoc. PAC  Mailing Address  1076 Highland Colony Physy, Ste. 125  City, State, Zip Code	Date (Mo., Day, Year)  2 / 2 / 16  1 / 1  Aggregate year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Other (please specify)  Full name  MS. Denta/ PAC  Mailing Address  439-B Katherine DR.  City, State, Zip Code  Flowlood, MS 39232  Name of Employer (Required)  Occupation (Required)  Other (please specify)  Full name  MS Heath Care Assoc. PAC  Mailing Address  1076 Highland Colony Pkwy, Ste. 125  City, State, Zip Code  Ridgeland, MS 39157	Date (Mo., Day, Year)  2 / 2 / 16  1 / 1  Aggregate year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Other (please specify)  Full name  MS. Denta/ PAC  Mailing Address  439-B Katherine DR.  City, State, Zip Code  Flowlood, MS 39232  Name of Employer (Required)  Occupation (Required)  Other (please specify)  Full name  MS Heath Care Assoc. PAC  Mailing Address  1076 Highland Colony Pkwy, Ste. 125  City, State, Zip Code  Ridgeland, MS 39157	Date (Mo., Day, Year)  2 / 2 / 16  1 / 1  Aggregate year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$

Page	11	of	9
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Name of Candidat	e or Commit	tee Jaso	in White	
Reporting period	January	1,2016	through Dec. 3	31,2016

## ITEMIZED RECEIPTS

A. Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	10 15 116	\$ 500,00
Pfizer, Inc. Mailing Address		
6730 Lenox Center CT		\$
City, State, Zin Code		
Memphi's, TN 38/15 Name of Employer (Required)		\$
Name of Employer (Required)		
		\$
Occupation (Required)	Aggregate year–to-date	\$ 500,00
B. Source: Corporation PAC Individual Loan		Amount of each
	Date (Mo., Day, Year)	receipt
Other (please specify)	(IVIO., Day, Teal)	this period
Full name	9 128 1 16	\$ 500,00
United Health Group	111111111111111111111111111111111111111	Ψ  5ω,ου
Mailing Address /		\$
P.O. Box 1459 City, State, Zip Code	<u> </u>	Ψ 1
City, State, Zip Code		\$
Minneapolis, MN 5544D		<b>a</b>
Minneapolis, MN 55440  Name of Employer (Required)		\$
		Ψ []
Occupation (Required)	Aggregate year–to-date	\$ 500,00
		Comment to transport of the first and the comment of the comment o
O O Comparation F DAC F Individual F Loon F	your to dute	
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Z mark	Date (Mo., Day, Year)	receipt this period
Other (please specify)	Date	receipt
Other (please specify)  Full name  Anheuser Busch  Mailing Address	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full name  Anheuser Busch  Mailing Address  P. O. Box 217	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full name  Anheuser Busch  Mailing Address  P. O. Box 217  City, State, Zip Code	Date (Mo., Day, Year)	receipt this period  \$ 500,000
Other (please specify)  Full name  Anheuser Busch  Mailing Address  P. O. Box 217  City, State, Zip Code  Jackson MS 39205	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full name  Anheuser Busch  Mailing Address  P. O. Box 217  City, State, Zip Code	Date (Mo., Day, Year)	receipt this period  \$ 500,000
Other (please specify)  Full name  Anheuser Busch  Mailing Address  P. O. Box 217  City, State, Zip Code  Jackson MS 39205	Date (Mo., Day, Year)	receipt this period  \$ 500,00
Other (please specify)  Full name  Anheuser Busch  Mailing Address  P.O. Box 217  City, State, Zip Code  Jackson MS 39205  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)  8 / 25 / 6  1 / / /  Aggregate year-to-date  Date	receipt this period  \$ 500,00  \$ 500,00  Amount of each receipt
Other (please specify)  Full name  Anheuser Busch  Mailing Address  P.O. Box 217  City, State, Zip Code  Sackson MS 32205  Name of Employer (Required)  Occupation (Required)  Other (please specify)	Date (Mo., Day, Year)  8 / 25 / 76  1 / 1  Aggregate year-to-date	receipt this period  \$ 500,00  \$ 500,00  Amount of each
Other (please specify)  Full name  Anheuser Busch  Mailing Address  P.O. Box 217  City, State, Zip Code  Tackson MS 39205  Name of Employer (Required)  Occupation (Required)  Other (please specify)  Full name	Date (Mo., Day, Year)  8 / 25 / 6  1 / / /  Aggregate year-to-date  Date	receipt this period  \$ 500,00  \$ 500,00  Amount of each receipt this period
Other (please specify)  Full name  Anheuser Busch  Mailing Address  P.O. Box 217  City, State, Zip Code  Jackson MS 39205  Name of Employer (Required)  Occupation (Required)  Other (please specify)  Full name  Phama	Date (Mo., Day, Year)    S   Day   Vear	receipt this period  \$ 500,00  \$ Mount of each receipt this period  \$ 500,00
Other (please specify)  Full name  Anheuser Busch  Mailing Address  P. O. Box 217  City, State, Zip Code  Jackson MS 39205  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC Individual Loan  Other (please specify)  Full name  Phyma  Mailing Address	Date (Mo., Day, Year)    S   Day   Vear	receipt this period  \$ 500,00  \$ 500,00  Amount of each receipt this period
Other (please specify)  Full name  Anheuser Busch  Mailing Address  P.O. Box 217  City, State, Zip Code  Jackson MS 39205  Name of Employer (Required)  Occupation (Required)  Other (please specify)  Full name  Phama	Date (Mo., Day, Year)    S   Day   Vear	receipt this period  \$ 500,00  \$ Mount of each receipt this period  \$ 500,00  \$
Other (please specify)  Full name  Anheuser Busch  Mailing Address  P. O. Box 217  City, State, Zip Code  Jackson MS 39205  Name of Employer (Required)  Occupation (Required)  Other (please specify)  Full name  Phyma  Mailing Address  830 North Street Suite  City, State, Zip Code  Baton Rouse, LA 70802	Date (Mo., Day, Year)    S   Day   Vear	receipt this period  \$ 500,00  \$ Mount of each receipt this period  \$ 500,00
Other (please specify)  Full name  Anheuser Busch  Mailing Address  P. O. Box 217  City, State, Zip Code  Jackson MS 39205  Name of Employer (Required)  Occupation (Required)  Other (please specify)  Full name  Phyma  Mailing Address  830 North Street Suite  City, State, Zip Code	Date (Mo., Day, Year)    S   Day   Vear	receipt this period  \$ 500,00  \$ Mount of each receipt this period  \$ 500,00  \$
Other (please specify)  Full name  Anheuser Busch  Mailing Address  P. O. Box 217  City, State, Zip Code  Jackson MS 39205  Name of Employer (Required)  Occupation (Required)  Other (please specify)  Full name  Phyma  Mailing Address  830 North Street Suite  City, State, Zip Code  Baton Rouse, LA 70802	Date (Mo., Day, Year)    S   Day   Vear	receipt this period  \$ 500,00  \$ 1  \$ 1  \$ 1  \$ 200,00  Amount of each receipt this period  \$ 500,00  \$ 1

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Page	5	of	135
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Name of Candidat	te or Commit	tee	Jas	on Whi	te	
Reporting period	January	1,6	2016	through	Dec.	31,2016
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A. Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name  AT&T PAC  Mailing Address	1219116	\$ 250.00
Mailing Address        East Capitol St., Suito 6030  City, State, Zip Code	$\Box_I \Box_I \Box_I$	\$
		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year–to-date	\$ 250.00
B. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	81516	\$ 250.00
Menck & Co., Inc Mailing Address		
8050 Microsoft Way, Suite 306		\$
City, State, Zip Code  Charlotte, NC 28273	$\Box_I \Box_I \Box$	\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate	\$ 250.00
9	year-to-uate	Secretary and the second secon
C. Source Corporation PAC Individual Loan Other (please specify)	year-to-date  Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)  Full name  KCS Rail PAC	Date	Amount of each receipt this period
Other (please specify)  Full name  KCS Rai/ PAC  Mailing Address	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)  Full name  KCS Rai/ PAC  Mailing Address  Po Box 2/9335  City, State, Zip Code	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)  Full name  KCS Rai/ PAC  Mailing Address  POBOX 2/9335  City, State, Zip Code  Kansas City, MO 64/2/	Date (Mo., Day, Year)	Amount of each receipt this period  \$ 250.00
Other (please specify)  Full name  KCS Rai/ PAC  Mailing Address  Po Box 2/9335  City, State, Zip Code	Date (Mo., Day, Year)	Amount of each receipt this period  \$ 250.00
Other (please specify)  Full name  KCS Rai/ PAC  Mailing Address  POBOX 2/9335  City, State, Zip Code  Kansas City, MO 64/2/	Date (Mo., Day, Year)	Amount of each receipt this period  \$ 250.00
Other (please specify)  Full name  KCS Rai/ PAC  Mailing Address  POBOX 2/9335  City, State, Zip Code  Kansas City, MO 64/2/  Name of Employer (Required)	Date (Mo., Day, Year)  1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Amount of each receipt this period  \$ 250.00
Other (please specify)  Full name  KCS Rai/ PAC  Mailing Address  POBOX 2/9335  City, State, Zip Code  Kansas City, MO 64/2/  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)  // / / ///  // / ///  // / ///  Aggregate year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period  \$ 250.00 \$  Amount of each receipt this period
Other (please specify)  Full name  KCS Rai/ PAC  Mailing Address  POBOX 2/9335  City, State, Zip Code  Kansas City, MO 64/2/  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)  1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Amount of each receipt this period  \$ 250.00 \$  \$ Amount of each receipt this period  \$ 250.00
Other (please specify)  Full name  KCS Rai/ PAC  Mailing Address  Po Box 2/9335  City, State, Zip Code  Kansas City, MO 64/2/  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC Individual Loan Other (please specify)  Full name  Comcast Corp.  Mailing Address  170/ SFK B/vd.	Date (Mo., Day, Year)  // / / ///  // / ///  // / ///  Aggregate year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period  \$ 250.00 \$  Amount of each receipt this period
Full name  KCS Rail PAC  Mailing Address  POBOX 2/9335  City, State, Zip Code  Kansas City, MO 64/2/  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC Individual Loan  Other (please specify)  Full name  Comcast Corp.  Mailing Address  170/ JFK B/vd.  City, State, Zip Code  Philadclehia, PA 19103	Date (Mo., Day, Year)  // / / ///  // / ///  // / ///  Aggregate year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period  \$ 250.00 \$  \$ Amount of each receipt this period  \$ 250.00
Other (please specify)  Full name  KCS Rai/ PAC  Mailing Address  POBOX 2/9335  City, State, Zip Code  Kansas City, MO 64/2/  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC Individual Loan Other (please specify)  Full name  Comcast Corp.  Mailing Address  170/ JFK B/wd.  City, State, Zip Code	Date (Mo., Day, Year)  // / / ///  // / ///  // / ///  Aggregate year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period  \$ 250.00 \$ \$ 4000.00 \$ 4,000.00

Name of Candidate	or Comm	itte	Jaso	on Whi	te		
Reporting period_							
	/	ΙŤ	EMI	ZED	RE	CEIP	TS

A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name  Centene Corp. PAC	10 112 116	\$ 2,500.00
Mailing Address 7700 Forsyth Blud.		\$
City, State, Zip Code  St. Louis MO 63205	$\Box$ , $\Box$	\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year–to-date	\$ 2,500,00
B. Source: Corporation PAC Individual Loan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Shelter Insurance PAC	121816	\$ 250.00
Mailing Address 1817 W. Broadway		\$ [
City, State, Zip Code  Columbia, MO 65218		\$
Name of Employer (Required)		\$
Occupation (Reguired)	Aggregate year–to-date	\$ 250.00
,	year to date	
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)	Date	receipt
Other (please specify)  Full name  Cane mark RX, Inc.  Mailing Address	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full name  Canemark RX, Inc.  Mailing Address  P.O. Box 287  City, State, Zip Code	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full name  Caremark RX, Inc.  Mailing Address  P.O. Box 287  City, State, Zip Code  Lincoln, RI 02865	Date (Mo., Day, Year)	receipt this period  \$ \$00,00
Other (please specify)  Full name  Canemark RX, Inc.  Mailing Address  P.O. Box 287  City, State, Zip Code  Lincoln, RI 02865  Name of Employer (Required)	Date (Mo., Day, Year)  V2 / 3 / V6  1 / / / / Aggregate	receipt this period  \$ \$00,00  \$ \$
Other (please specify)  Full name  Canemark RX, Inc.  Mailing Address  P.O. Box 287  City, State, Zip Code	Date (Mo., Day, Year)	receipt this period  \$ \$00,00  \$ \$
Other (please specify)  Full name  Canemark RX, Inc.  Mailing Address  P.O. Box 287  City, State, Zip Code  Lincoln, RI 02865  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)  2 / 3 / 6  / / / /  Aggregate year-to-date  Date	receipt this period  \$ \$00,00 \$ \$  Amount of each receipt
Other (please specify)  Full name  Canemark RX, Inc.  Mailing Address  P.O. Box 287  City, State, Zip Code  Lincoln, RI 02865  Name of Employer (Required)  Occupation (Required)  O. Source: X Corporation PAC Individual Loan Other (please specify)  Full name  Celgene Corp.  Mailing Address	Date (Mo., Day, Year)	receipt this period  \$ \$00,00 \$ \$  \$ Amount of each receipt this period
Other (please specify)  Full name  Canemark RX, Inc.  Mailing Address  P.O. Box 287  City, State, Zip Code  Lincoln, RI 02865  Name of Employer (Required)  Occupation (Required)  Other (please specify)  Full name  Celgene Corp.  Mailing Address  86 Monnis Ave.  City, State, Zip Code	Date (Mo., Day, Year)	receipt this period  \$ \$00,00  \$ \$  \$ \$  Amount of each receipt this period  \$ \$500,00
Other (please specify)  Full name  Canemark RX, Inc.  Mailing Address  P.O. Box 287  City, State, Zip Code  Lincoln, RI 02865  Name of Employer (Required)  Occupation (Required)  O. Source: Corporation PAC Individual Loan  Other (please specify)  Full name  Celgene Corp.  Mailing Address  86 Monnis Ave.	Date (Mo., Day, Year)	receipt this period  \$ \$00,00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$

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Name of Candidate	or Commit	tee	Jaso	on Whi	te	
Reporting period	January	1	,2016	through	Dec.	31,2016

### TITEMIZED RECEIPTS

A. Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	1217116	\$ 500.00
Acadia Healthcape Co., Finc. PAC Mailing Address  6100 Towen Circle, Ste. 1000	$\square_I \square_I \square$	\$
City, State, Zip Code  Franklin, TN 37067		\$
Name of Employer (Required)	$\square_I \square_I \square$	\$
Occupation (Required)	Aggregate year–to-date	\$ 500.00
B. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name  Monsanto Co.	8 1 18 1 16	\$ 250.00
Mailing Address  800 N. Lindbergh	$\square_{I}\square_{I}\square$	\$
City, State, Zip Code  St. Louis, MO 63/67	$\Box_I \Box_I \Box$	\$
Name of Employer (Required)	$\square_I \square_I \square$	\$
Occupation (Required)	Aggregate year–to-date	\$ 250,00
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Capitol Ag. Services, Iuc.	12 120 116	\$ 200.00
Mailing Address  P. O . Box /22		\$
City, State, Zip Code  Clinton, MS 39060	$\square_I \square_I \square$	\$
Name of Employer (Required)	$\square_I \square_I \square$	\$
Occupation (Required)	Aggregate year–to-date	\$ 200.00
D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name  MAEPAC	12/14/16	\$ 500.00
Mailing Address PO Box 16490	$\square_I \square_I \square$	\$
City, State, Zip Code  Jackson, M5 39236		\$
Name of Employer (Required)	$\Box I \Box I \Box$	\$

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Name of Candidate	or Committee	Jason	~ Whi	te		
Reporting period					1,2016	
				REC		rs.
		_17112			<b></b>	

A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period	
Full name	12114116	\$ 500,00	
Ameriganup Corp.  Mailing Address  R.O. Par CSOSA	$\Box_I \Box_I \Box_I$	\$ [	
P. O. Box 68086  City, State, Zip Code	$\Box_I \Box_I \Box_I$	\$	
Name of Employer (Required)	$\Box_I \Box_I \Box_I$	\$ [	
Occupation (Required)	Aggregate year–to-date	\$ 500,00	
B. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period	
Full name	12/16	\$ 500,00	
Baker Done/son, PC MS PAC  Mailing Address	$\Box_{I}\Box_{I}\Box$	\$	
14268 I-55 North, Meadowbrook Office Park City, State, Zip Code	$\square$ , $\square$ , $\square$	\$	
Name of Employer (Required)		\$	
Occupation (Required)	Aggregate year-to-date	\$ 500,00	
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period	
Full name Gulf States Toyota, Inc.	8 131 116	\$ 4,000,00	
Walling Address	$\square$ $I$ $\square$ $I$ $\square$	\$	
1375 Enclave Pkwy. City, State, Zip Code  Houston, TX 77077	$\square_I \square_I \square$	\$	
Name of Employer (Required)	$\square_I \square_I \square$	\$	
Occupation (Required)	Aggregate year–to-date	\$ 4,000.00	
D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period	
Full name	$\Box_I \Box_I \Box$	\$	
Mailing Address		\$	
City, State, Zip Code		\$	
Name of Employer (Required)	$\square_I \square_I \square$	\$	
Occupation (Required)	Aggregate year–to-date	\$	

Name of Candidate		Jason				
Reporting period _	January	1,2016	_through _	December	34	2016

# ITEMIZED DISBURSEMENTS

A. Full name  Manship Wood Fixed Kitchen  Mailing Address	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1200 N. State St., Suite 100	121/21/6	\$ 552.59
City, State, Zip Code		\$
Tackson, MS 39202 Purpose of Disbursement (Optional)	Aggregate	\$ 552,59
Fundraiser Reception  B. Full name	Year-to-date Date	Amount of each
Miss. House Republican Cauchs Committee	(Mo., Day, Year)	disbursement this period
	71116	\$ 5,000.00
State, Zip Code Sackson, MS		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 5,000.00
Donation C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Angela Cockerham Campaign Mailing/Address	519116	\$500,00
City, State, Zip Code		\$
Purpose of Disbursement (Optional)  Donation	Aggregate Year-to-date	\$ 500,00
D. Full name Lane Outlaw Football Fundraiser	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	716116	\$ 200,00
City, State, Zip Code Kosciusko, MS 39090		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 200,00
E. Full name Kenny GRIFFIS FOR Supreme Court	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	814116	\$ 500,00
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 500,00
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
		\$
Mailing Address		
Mailing Address  City, State, Zip Code		\$